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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Inguinal Hernia in a Young Girl.—A well formed, tolerably stout girl, aged only 8, applied among the out-patients at Guy's Hospital the other day, under the care of Mr. Bryant, with an inguinal hernia. As this form of rupture is very rare in women, and we believe especially so in young ones, the case seems noteworthy. There was no doubt about the diagnosis. The inguinal canal was large, and so freely open that it easily admitted the forefinger. The protrusion was as large as a walnut, and was readily reduced. It was on the right side, and had first been noticed about a month before. No special cause for it was assigned; but the girl, although in other respects well, had for a long time suffered from a bad cough. A truss was ordered; and it is intended, we believe, to have a cast of the parts taken.—*Med. Times and Gaz.*, June 4, 1859.

Large Scrotal Hernia containing the entire Cæcum.—A rarity in the way of hernial tumours came under the care of Mr. Bryant at Guy's Hospital. A young man was admitted with a very large scrotal hernia. It was as big as a child's head, and had been strangulated seven hours. There had been a tendency to protrusion for seven years past. The symptoms were most acute, and vigorous attempts at reduction had been made prior to the man's admission. After a gentle endeavour to effect the taxis under the influence of chloroform, Mr. Bryant proceeded to the operation. It was found impossible to release the stricture without opening the sac. The latter measure having been adopted, between three and four feet of intestine were exposed, including the whole of the cæcum and its appendix. The

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cæcum was quite loose, and with it was a part of the commencement of the colon. The bowels acted about ten hours afterwards, and the man then seemed in a hopeful state. Symptoms of acute peritonitis, however, developed themselves, and he sank on the third day. The coils of intestine were found at the autopsy glued together by recently effused lymph, and the parts which had been in the sac were intensely congested.—*Ibid.*

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Persistent Strangulated Hernia after apparent Reduction; Operation; Recovery.—The cases of reduction of hernia *en masse* are of rare occurrence, although the contingency is one which is always prominently discussed in classical treatises, and which should never be lost sight of in applying the taxis. In a case under Mr. Coulson's care in the Blomfield ward of St. Mary's Hospital, which we lately examined, symptoms of strangulation continued after the disappearance of the tumour, under taxis, and when it was thought by the house-surgeon that satisfactory reduction had been effected by manipulation of the tumour in the hot bath. Vomiting, constipation of the bowels, and tenderness of the abdomen persisting during the day in an increasing scale, Mr. Coulson was summoned to the patient. He considered that a portion of the bowel was still in the inguinal canal, unreduced; and determined to cut down and open the canal. At the extreme end of the passage a portion of bowel was found constricted, the stricture being at the internal ring. This was divided, and the bowel returned. The patient progressed uninterruptedly towards convalescence, and has had no bad symptoms. He has now recovered.—*Lancet*, April 23, 1859.

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Trephining the Tibia for long-continued Pain.—The use of the trephine as a means of relief in cases wherein long-continued and deep-seated pain exists in some one of the bones—most generally the tibia—is an operation now, we may say, of common occurrence at most of our hospitals. Whatever the actual cause of the pain may be, this proceeding effects a cure in nine cases out of ten. Usually the suspected cause of the pain is a circumscribed abscess in the bone, around which, not unfrequently, the compact substance is not only of ivory hardness, but is sometimes hypertrophied. An abscess is not, however, always found, but the removal of a piece of bone would seem to relieve the apparent tension in that structure.

At Guy's Hospital on the 26th ultimo, Mr. Cock applied a small trephine to the upper part of the right tibia of a woman, aged thirty-five, who lately entered the hospital for the purpose of having her leg amputated to relieve the extreme suffering which she had endured for three years, originating in a blow on her shin. A constant deep-seated pain was referable to a particular spot, which could be covered by the tip of the finger. There was no enlargement of the bone, nor periostitis, nor evidence of necrosis, nor pain on pressure over other parts of the tibia. The poor woman was almost worn out with suffering, and had been submitted to every variety of treatment in vain. The trephine came upon the central cavity of the tibia, which contained no sequestrum, nor any abscess. The bone was more compact and seemed to be thicker than natural. Mr. Cock has found the same treatment answer in other cases, and we have no doubt, when suppuration becomes freely established, the pain in this instance will disappear.

In Lazarus ward of the same hospital is a man, twenty-nine years of age, who received a kick from a horse on his right shin eleven years ago, which was followed by inflammation and the formation of an abscess in the bone. He was recently admitted under Mr. Birkett's care. The leg was very much swollen, and there was a small fistula, through which, though barely admitting a fine probe, rough bone could be felt. Mr. Birkett trephined over this spot, one inch below the tubercle, on the 12th ult., and removed a very large, thick, and compact piece of bone, which exhibited to view the cavity of the original abscess, containing no sequestrum, but lined, as usual, with a fine velvety membrane. The opening is now filling up with healthy granulations, and a perfect cure will probably result from the course of treatment which has been pursued.—*Ibid.*, May 14, 1859.

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Neuralgia of the Sciatic Nerve, from a Fatty Tumour, cured by removal of the latter.—We were shown on the 10th instant, in the Charing-cross Hospital, a patient under Mr. Hancock's care, whose case is a very instructive one. The patient, a stout, well-

developed man of fifty-three years of age, residing near Windsor, has been subject to sciatica of the right side, as was supposed, for the last three or four years. He has undergone a variety of treatment, at the hands of numerous medical practitioners, without experiencing the least relief. Galvanism was persevered in uninterruptedly for twelve months, and the patient was told that a swelling present at the seat of pain was nothing but wind. He then drank the mineral waters at Bath for a short time, without any benefit; and at last he was persuaded to come into this hospital, which he did on the 12th April. On examination, Mr. Hancock found a tumour situated behind the trochanter of the femur, which he pronounced to be adipose, pressing on the great ischiatic nerve, and thus giving rise to the pain so long complained of. It was removed on the 16th April, and was found to be as large as a hen's egg, much flattened, fatty (as diagnosed), and embracing the nerve in question. The result of this treatment has been the disappearance of the neuralgia; the patient has regained his powers of progression, which had been seriously impaired; his general health has become good, and his aspect is cheerful and contented. He will shortly leave the hospital.

In the treatment of any case of sciatica, the course of the affected nerve is generally examined, and if there be evidence of the pressure of a tumour upon the nerve, then a palpable cause for the pain is made out. The diagnosis will be materially assisted also by observing whether the pain becomes increased or diminished by pressure; and if it should be ascertained that the tumour is not neuromatous, the course to be pursued is clear enough, and will be followed by such results as were obtained in Mr. Hancock's patient.—*Ibid.*, May 21, 1859.

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Bright's Disease and Stone in the Bladder.—There can be no doubt whatever, that the mortality in many cases of lithotomy is due to disease of the kidneys, which has not been suspected before the operation, because the urine has escaped chemical examination, or because the symptoms referable to the presence of the calculus have either masked those dependent upon the renal disease, or were themselves the result of it. A surgeon will hesitate to cut for stone when he finds the urine distinctly albuminous, and of a low specific gravity. If circumstances permit, he will make choice of lithotrity, with much less risk of mischief. An instance in illustration occurred on the 19th of April at the Westminster Hospital, in a man, thirty-eight years of age, who was a patient under Mr. Holt's care. He had been the subject of stricture for many years, and was lately operated upon with the dilator, and three strictures were split up, which was followed by the passage of three small urinary calculi by the urethra. On the present occasion chloroform was given by Dr. Anstie, and a stone, the size of a walnut, was partly crushed by Mr. Holt, who expressed his intention of repeating the operation until it was completely got rid of. The operator stated that the urine had been carefully examined, and was found to be albuminous, else he should at once have resorted to lithotomy. The patient is the subject of torticollis, besides the affections indicated above.—*Ibid.*

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Fibro-nucleated Tumour on the Abdomen.—An instance of this rare form of growth came under our observation, at St. Mary's Hospital, on the 6th of April, in a man forty-seven years of age, who was a patient under Mr. Coulson's care. It was about the size of an orange, somewhat flattened, with a thin, cutaneous covering, and of a deep crimson colour; it had just commenced to ulcerate, and was situated below and to the right of the umbilicus. It has been growing slowly for the past two years, but the patient states that he has had a mark in that part of his abdomen ever since he can remember. Mr. Coulson removed it on this occasion under chloroform, and stated that he believed it to be epithelial cancer; but a careful examination of its histological elements made afterwards by Mr. Walter Coulson, pathologist to the hospital, unmistakably showed it to be that rare form of growth, fibro-nucleated tumour—one which occupies an intermediate position between innocent and malignant. This is the third specimen we have seen removed from the surface of the abdomen, each presenting a striking resemblance to one another.

This form of tumour was first described by Dr. Hughes Bennett, and is dwelt upon by Mr. Paget in his work on Tumours. Illustrations of its ultimate elements are given by both. Mr. Paget believes a near affinity will yet be proved between it and the recurrent fibroid disease, because the general

characters of the tumour in question are repetitions of the recurrent fibroid. As we have mentioned on previous occasions, there are no means of diagnosing this tumour unless by the aid of the microscope. We were led to believe, however, that the growth in Mr. Coulson's patient was of this character from the striking resemblance it bore to those in the two patients whose cases we have previously recorded.—*Ibid.*

Phlebolites and Varix.—The occurrence of phlebolites is well known to arise from the degeneration of coagula in varicose veins; they may occupy various situations, and occasionally they co-exist with varix in the same limb. Amongst the great number of cases of enlarged and tortuous veins which come under notice at the various hospitals, it is not unusual to meet with phlebolites. A well-marked instance presented itself, on the 20th of April, at University College Hospital, in a woman, aged fifty-six years, from Lewisham, who had a varicose ulcer situated at the inner side of her left leg and ankle. The calf of this leg was very extensively affected by varix, which had, however, undergone a partial spontaneous cure, from the fact of a considerable number of the tortuosities being filled by hard, oval substances, of variable size, some being three-quarters of an inch in length, which proved to be vein-stones. Notwithstanding this, however, a number of veins still maintained their diseased condition, and were treated by subcutaneous ligature in three places above the ulcer, as Mr. Erichsen is in the habit of doing. This has been followed by good results up to the present time. The patient has been the subject of the present disease for twenty-eight years, ever since the birth of her first child.

Vein-stones are composed principally of phosphate and carbonate of lime, with some animal matter. Sometimes they cause much inconvenience, and require to be removed. Their usual situation is in the saphena vein, or some of its branches, in connection with varicose enlargement, as in the patient we have just referred to; but the smaller vessels, such as the spermatic, vaginal, uterine, vesical, hæmorrhoidal, and even the splenic, when diseased, generally contains them.—*Ibid.*, May 14.

Bead Sutures in Hare-Lip.—Mr. Brooke is in the habit of employing, at the Westminster Hospital, bead sutures in hare-lip, to prevent the formation of a small notch which sometimes remains, especially when the fissure has extended into the nostril. When we state that their application is upon the principle of the quill suture, it will be readily understood how they are used. On the 13th April he treated a case of hare-lip in an infant three months old, which was situated to the left of the mesial line, employing pins for the general fissure, but the beads for the floor of the nostril, which were quite successful in bringing the parts in the latter situation in complete apposition. He has employed the bead sutures in cleft palate and other malformations with equal success.

We may observe that the bead sutures of Mr. Brooke are analogous to the button sutures of Mr. Wood, of the Gloucester Hospital, and to the shot sutures employed by Drs. Bozeman and Sims.

At the Westminster Hospital, as at King's College Hospital, Hainsby's apparatus is in common use for most of the cases of hare-lip submitted to operation: it consists of a semicircular spring, padded at both extremities, which presses gently upon the cheeks and pushes each towards the seat of fissure, and thus relieves the strain upon the needles or sutures at the site of the operation.—*Ibid.*

CLINICAL LECTURES.

Practical Clinical Remarks on Particular Forms of Renal Dropsy.—Delivered at Westminster Hospital. By W. R. Basham, M. D., Physician to the Hospital. *The Identity of Scarlatinal Dropsy and Acute Morbus Brightii.*

Gentlemen—Epidemic diseases scarcely differ more from each other than does the same epidemic disease differ in intensity and destructiveness at the various periods of its return.

This remark is specially applicable to scarlet fever. In some years all, or the majority of cases, exhibit mild and favourable symptoms. A slight febrile disturbance, with sore-throat, is followed by a diffuse scarlet rash, which gradually pervades the whole body; and, fading on the sixth or seventh day, leaves the cuticle to desquamate, and the patient to a rapid con-

valescence. Of this simple form of the epidemic, Sydenham has truly said that it deserves little more than the name of a disease, and that the patient is in little danger, but through the officious zeal of the physician. But the characteristics of other epidemics of the malady are very different, and the present visitation, now of more than three months' duration, has been particularly illustrative of the prefatory remark; for the majority of the cases have presented unfavourable, not to say fatal symptoms, the mortality, according to the Registrar-General's Reports, having been greater than for some years. In the more malignant form of the disease, sore-throat is a very prominent symptom; and it may be doubted whether a great number of the fatal cases recorded as diphtheria have not been scarlatina anginosa, or scarlatina maligna. In the scarlatina anginosa, the sore-throat is the symptom which alone attracts attention; and if the peculiarities of the inflammation be not closely noted, an inattentive observer might view the throat disease as a simple tonsillitis, or be ready, when unfavourable symptoms followed, to classify it under the title of diphtheria.

In the true scarlatinal sore-throat, the tonsils, soft palate, uvula, and back of pharynx, are involved in a diffuse inflammatory redness of a brilliant hue; the tongue, partaking of this elevated colour, and oftentimes being furred, and the enlarged papillæ, elevated in colour, appearing through the similitude to a strawberry has been imagined, and hence "strawberry tongue" has been accepted as the characteristic of this stage of scarlet fever. The throat, however, not only presents an inflammatory redness, but there is considerable tumefaction, sufficient to impede deglutition and speech, and, extending to the external parts, produces swelling of the submaxillary glands, and stiffness and painful distension of the integuments about the throat. Specks or points of ulceration make their appearance on the tonsils, and a viscid, tenacious mucus is formed, which adheres to the parts, and sensibly increases the difficulty of deglutition. This viscid secretion may be mistaken for the croupous pellicle which is formed in diphtheria; the specks of ulceration discoverable beneath this viscid mucus will, however, distinguish the scarlatinal from the diphtheritic inflammation. The eruption comes on late and imperfectly, and may be, and is, often overlooked. Within ten days or a fortnight, the urine becomes scanty, dark-coloured, and albuminous. In many, the presence of blood is unmistakable; in others, the urine acquires but a dirty or sooty appearance. This condition of the urine will, I believe, if any doubt remains, distinguish the scarlatinal from the diphtheritic disease. By some writers in the weekly medical journals the urine in diphtheria has been described as albuminous. But, with every respect for these communications, I should venture to classify the disease as scarlatina rather than diphtheria. It is this evidence of the disordered state of the renal organs which constitutes the element of danger in these cases, and which eventually leads to the development of the most unmanageable of all the forms of albuminuria—acute morbus Brightii.

It is a singular fact, that the activity of the renal disorder bears no proportion to the apparent intensity of the original febrile poison. For it may be said that inversely as the manifestation of the symptoms of scarlet fever, is the susceptibility to the renal disorder; for the more highly developed the scarlet rash, the more complete will be the proof of the elimination from the blood of the febrile poison; and the less characteristic the rash, the more certain that the poison lurks in the system, unheeded and undestroyed, and eventually to implicate the kidneys in a disorder fatal in proportion to the tardiness with which it is recognized. In this type of cases, the eruption is slow to show itself; and in place of a diffuse efflorescence, it occurs in patches, far less intense in colour than in the simpler and milder form of the disease. The constitutional disturbance is oftentimes great; but cases are frequently met with, where, ultimately, a fatal termination by renal disease takes place, in which the primary disorder was not marked by any symptoms of urgency. The patient appears to convalesce favourably, but, slowly and insidiously, evidence of lurking mischief becomes apparent. In some cases there may be symptoms of a secondary fever about the fourteenth day from the date of the sore-throat, some restlessness, loss of appetite, and chilliness. But these symptoms are sometimes wanting, or so feebly pronounced as to be unnoticed. Frequency of micturition, scanty, dark-coloured urine, and a puffiness

of the face, may be, and often are, the first symptoms noticed by the patient. General anasarca of the surface follows, with a pallor so peculiar, of such alabaster whiteness and purity, as to become almost a specific feature of the disease.

Frances G———, aged nineteen, was admitted into Queen Adelaide ward, on the 10th of November, suffering from general dropsy of the surface of the body. There was œdema of the face, arms, wrists, and back of the hands, as well as of the trunk and lower extremities. The swollen state of the face usually subsided as the day advanced. There was the usual pallor of the skin. There was some dyspnœa, with occasional cough and trifling expectoration of catarrhal mucus. The urine had been very scanty, and micturition distressingly frequent: during the night, the desire to pass urine occurred every hour, and the rest was consequently much disturbed. The urine had a cloudy, dirty, soot-like appearance, was highly albuminous, threw down a copious, coarse deposit, and exhibited under the microscope blood-corpuscles, coarse, granular, fibrinous flakes, containing blood-disks; large, fibrinous blood-casts, many large granule cells, and some scattered renal epithelial cells. She complained of a sense of fulness and aching across the lumbar region, and pain was excited by pressure over the region of each kidney. The chest was resonant; some catarrhal wheezing was heard in the large tubes. The sounds of the heart were natural. She stated that four weeks since she suffered from sore-throat, at a time when scarlet fever prevailed in the house in which she lived; that her voice and power of swallowing were affected; but that she had no distinct eruption on the skin; but was told she had, and was treated for, scarlet fever. As near as she can remember, a fortnight after the sore-throat, she noticed that her urine became very scanty, and of a dark-red colour, as if it contained blood. The catamenia had not appeared for the last six months. In a few days she became conscious of a swelling in her face after sleep, and subsequently the hands, arms, feet, and ankles became anasarcous. She was ordered a warm bath daily, the compound jalap powder every morning, a diaphoretic mixture every four hours, and to be clothed in flannel.

On the following day, she was dry-cupped across the loins, which, with the above treatment, diminished the sooty appearance of the urine; and in two days, the quantity of urine had considerably increased.

A week after admission, the dropsy had completely disappeared. The urine was clear, specific gravity 1018, and albuminous. The deposit, examined by the microscope, consisted of dense fibrinous casts, some blood-casts, a few scattered blood-corpuscles; very little epithelium was visible, and no epithelial casts could be seen. She was ordered the sequichloride of iron, and an improved diet. But this treatment appeared to have been commenced too early, for on the 25th of November there was a return of hæmaturia, which, however, disappeared by the loss of a few ounces of blood from the loins by cupping.

On November 30th she again began to improve; there was no return of œdema, although the urine continued highly albuminous.

On Dec. 4th the urinary sediment first gave warning of the unfavourable change which was commencing in the cell structure of the tubes, notwithstanding the disappearance for a time of the dropsy, and the apparent improvement in the general condition of the patient. The urinary sediment had been examined every two or three days since admission, and up to this date it consisted of fibrinous casts, large, coarse granular casts, containing a few blood-corpuscles and a few scattered epithelial cells; but no epithelial casts, or free shedding of the epithelium, which is often observed in the dropsy after scarlet fever. But now the casts were becoming transparent, containing large compound granule-cells, some exudation corpuscles approaching in character to the pus cell, and a few epithelial cells; and some of the casts contained numerous resplendent granules—the disengaged nuclei of disintegrated epithelial cells. Two days later the casts became still more transparent or hyaline, with an increased number of exudative corpuscles with reniform and trefoiled nuclei. The epithelial cells did not present any characteristics of fatty or abortive development. On the 11th of December, the anasarca of the surface again made its appearance. The urine became less abundant. Purgatives were again beneficially employed. The sesquichloride of iron was again taken, and for a few days another interval of improvement, so far as the diminution of the anasarca was accepted

as a sign, was apparent. But the urinary sediment became more abundant. Large, solid moulds of fibrin, the greater part containing no cell-structure, many hyaline moulds, containing large, compound granule cells, and many free nuclei, indicated that the disease was progressing most unfavourably. On the evening of the 27th of December, she became very restless; and on the morning of the 28th, suddenly calling for assistance, she almost instantly became insensible. The jaws became locked; there was some rigidity of the extremities; the pupils were dilated; but there was neither convulsive movement, nor stertor, nor foaming at the mouth. The respiratory movements gradually became slower and less apparent, and she ceased to breathe, without any movement or spasm, at eleven A. M.

Post-mortem examination twenty-eight hours after—The external surface of the body was but slightly anasarcous. The pleural and abdominal cavities contained a small quantity of orange-coloured serum. The lungs were free from pleuritic adhesions, but were slightly œdematous. The heart was large; it weighed thirteen ounces and a half; there were several maculæ albidæ both on its anterior and posterior surfaces; the cavities of the heart, as well as the valves, were natural. The liver was healthy. The left kidney was the larger of the two: it weighed seven ounces and a half; it was irregular in shape, considerably lobulated above and below, very convex anteriorly, somewhat flattened posteriorly. The capsule was semi-adherent, and when removed, the kidney displayed a finely granular (sabulous) surface, pale in colour, with a few stellar vessels scattered over it. The interior, on a section being made, displayed the usual fine granular exudation infiltrating the whole structure, fraying out the base of the cones, and contrasting in colour with the pale red striated appearance of this pyramidal portion of the organ. The right kidney weighed five ounces and three-quarters; the cones were more deeply injected than the other kidney, but in other respects the morbid conditions were similar, the disease not having advanced to the same point, one kidney being usually behind the other in progress.

A careful microscopic examination of these kidneys was made. The white deposit surrounding the cones, and constituting the mass of the disease, was composed of abortive cells, imbedded in what appeared to be a fine granular exudation. This granular matter pervaded the whole organ, and was principally interstitial in regard to its relation to the tubes, as but little tubular structure could be discovered in it. The Malpighian bodies, however, appeared stuffed with this exudation, and the few tubes which were teazed out of the deposit, appeared blocked up with it. The epithelial cells along the walls of the tubes, at the base of the cones, appeared undisturbed, but compressed by the contents of the canal. The straight tubes at the apex of the cones were free open canals, the epithelium presenting a natural appearance; but here and there a large straight tube was observed choked with fibrinous coagula, of a brownish-yellow colour.

This case illustrates two important facts in the pathology of the kidneys. First, the relation which scarlatinal dropsy bears to acute morbus Brightii; and secondly, the character of the structural changes which at first impede, and ultimately destroy, the function of the kidney.

It was at one time doubted whether the renal disorder after scarlet fever had anything in common with those forms of disease described by the late lamented Dr. Bright, which the concurrent opinion of European pathologists now designates as morbus Brightii. It scarcely required the genius of a Rokitansky to identify them; yet that great pathologist has not hesitated to recognize in scarlet fever one of the most energetic causes of the acute form of Bright's disease. The symptoms during life are the same, and a microscopic examination of the renal structures establishes the identity of the morbid process beyond all objection. The student in clinical medicine should carefully observe and compare the progress of the symptoms in a case analogous to the present one in its origin, and one which has apparently arisen from exposure to cold and wet, and which is rapidly running an acute course. Frequent examination of the urinary sediment in both cases will exhibit the similarity of the matters thrown off from the renal tubes, and the identity of the changes proceeding in them; and a comparison of the structural changes in the kidney after death will complete the proof. In both, the kidneys will be beyond the natural weight, large, pale, and exsangui-

ous, with a few scattered, star-like, vascular points. The cones will present a remarkable contrast of colour to the surrounding deposit, varying from a pale pinkish madder, to a deeper tone of madder red; they display the linear markings of the straight tubes frayed out at the base, fancifully compared to a sheaf of corn.

Microscopically examined, the whole structure of the organ, tubular as well as interstitial, is seen infiltrated with a product which fills and chokes the tubes, obliterates the Malpighian capillaries, permeates the interstitial plexus of vessels, and eventually offers such an obstacle to the course of the blood and circulation through the kidneys as to bring within limits incompatible with life the excretory power of these organs. The mode of death, in both cases, is clearly traceable to this cause; for, in the great majority, the patients die with symptoms referable to a poisonous agency operating upon the nervous centres, and coma, with or without convulsive movements, is usually the indication of the fatal termination by uræmic poisoning.

As the renal disorder which succeeds to scarlet fever is identical with the acute form of morbus Brightii, it follows that the principles on which these cases should be treated must be the same. They may be summed up in a few words: To lessen the watery or dropsical state of the blood, and to diminish the local blood stasis in the kidneys. The first is obtained by acting briskly on the intestinal track of mucous surface, by which a large amount of fluid is rapidly eliminated from the system. The second object is secured by calling into activity the functions of the skin by diaphoretics, warm clothing, and warm or hot-air baths. The functions of the skin are vicarious of those of the kidney, and whatever augments the first lessens the activity of the latter. The congestion of the kidneys is further alleviated by dry-cupping, and occasionally by abstracting blood by cupping from the loins; but the cases are exceptional which will require the abstraction of blood. If these objects can be successfully attained—indicated by the disappearance of the dropsy and the absence of blood from the urine—no time should be lost in placing the organism in a condition to regain those qualities and powers, the loss of which are most plainly manifested by the impoverished state of the blood. Amongst medicinal remedies, the ferruginous are the most essential; and amongst these, the tincture of the sesquichloride of iron is the most valuable and efficacious. But chalybeates are useless without a well-ordered diet. Nutrition must, therefore, be promoted, and it may be aided by a limited allowance of wine. Our best-directed efforts are, however, often frustrated by the intensity of the disease and rapidity of its progress. And this case furnishes an example of the fatality of this disorder, notwithstanding the favourable results which remedies seemed to produce; but it also teaches the value of microscopic examination of the urinary sediment from time to time: and we are taught that by a careful attention to its revelations the insidious progress of the disorder may be demonstrated and recorded even while the progress of the patient, in all other respects, appears to continue satisfactory.—*Lancet*, March 12, 1859.

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Practical Clinical Remarks on Excision of the Knee-joint. Delivered at St. Thomas's Hospital. By SAMUEL SOLLY, surgeon to the Hospital.—The subject to which I wish to call your attention to-day is one which is now exciting very general interest in the profession—namely, excision of the knee-joint. When this operation was re-introduced by Mr. Fergusson in 1830, I confess I was very incredulous as to its value. I thought that those cases that would be cured by excision might be cured without it. I had had, as you have heard me say before, several cases of apparently hopeless disease of this joint arrested by the repeated use of the moxa externally and cod-liver oil within; a good firm anchylosis being the result. On the other hand, I have had cases of ulceration of the cartilages which have been carried off by phthisis during the progress of a local cure. But we have yet no proof that either excision or amputation would have averted such an untoward result.

The facts, however, that have converted me to the belief that excision of the knee-joint is not merely admissible in many cases, but that it is decidedly desirable, are—first, the time occupied in procuring a perfect cure by anchylosis, which ranges from two to four years in all adults; secondly, that even in the most favourable cases there is great tendency to a recurrence of the disease; and, thirdly, that the statistics of the cases already published show that the opera-

tion is not so fatal as amputation of the thigh.

With regard to the statistics of this operation, you will find some valuable information in a paper in No. II. of "Guy's Hospital Reports," page 275, published April, 1836, by Mr. Blackburn, who was a dresser of Mr. Key's. He says: "The honour of originating the operation as it is now performed, of basing it on sound surgical principles, and of showing its applicability to several of the large articulations, is unquestionably due to Mr. Henry Park, of Liverpool." In a note, he says, "I am the more anxious to make this statement, because Mr. Syme and M. Velpeau have thought right to treat very slightingly Mr. Park's merits. The pamphlet in which this gentleman proposes the operation evinces a candid, reflecting, and enterprising mind. The circumstance of his not having had the opportunity of carrying his ideas extensively into practice will weigh little with those who can appreciate the sound arguments by which the proposal is supported. The foresight which predicts the results of an untried measure evinces higher talent than the industry which collects together the evidence of experience. Mr. Park's honour as a man, and skill as a surgeon, are still proverbial in the scene of his former labours." "This gentleman," continues Mr. Blackburn, "after long reflection and many experiments, was led to believe the operation admissible, and in 1781 performed it on the knee-joint with entire success."

I must not, however, be tempted to quote more from Mr. Blackburn, though I shall avail myself of his labours. The poor fellow is no more, and, judging from this paper, his death has been a loss to the profession, while the intellect it displays and the knowledge it contains reflect great credit on the school of Guy's Hospital, where he was educated.

Mr. Park, of Liverpool, with that modesty which so often attends real talent, did not publish his case directly to the profession, but wrote a letter to Perceval Pott, of St. Bartholomew's—a name well known to you, if from nothing else, from the term "Pott's fracture." This letter was subsequently published by Dr. James Jeffrey, Professor of Anatomy and Surgery in the University of Glasgow, in 1806, with cases by Moreau, of Paris.

His patient was a strong Scotch sailor, aged thirty-three, having suffered for ten years from disease of the knee-joint. The leg was partially anchylosed at a right angle. The slightest attempt to move the leg gave him exquisite pain. "This poor man's sufferings, which had been some time great, were daily increasing, and his health declining in such a degree, that he began to beg to have the limb taken off." This Mr. Park declined, at the same time proposing excision; though, as he says, "I rather wished to make the first attempt on the elbow." Mr. Park excised the knee-joint on the 2d of July, 1781. "The quantity of bone was somewhat, though not much, more than two inches of the femur, and of the tibia rather more than one inch, which were but just enough to enable me to bring the leg into a right line with the thigh, the previous contraction of the flexor muscles being such as to keep the two sawn ends of bone in contact."

The case was not managed after the operation in the simple way that is pursued in the present day, and a good deal of constitutional disturbance ensued, with a foul, sloughy sore. Yet, notwithstanding a severe fall, which occurred about seven months after the operation, by which the union was disturbed, he was able to walk about and bear the whole weight of his body on this limb at the end of twelve months from the date of the operation. "This man," says Mr. Park, "afterwards made several voyages to sea, in which he was able to go aloft with considerable agility, and to perform all the duties of a seaman. He was twice shipwrecked, and suffered from hardships, without feeling any farther complaint in that limb, and was at last unfortunately drowned by the overturning of a flat in the Mersey."

Mr. Park's second case was unsuccessful, but it was not well selected. The publication of Mr. Park's cases elicited the fact that about twenty years previously Mr. Filkin, of Northwich, had performed this operation with perfect success; but, unlike surgeons of the present day, he hid his light under a bushel. In this case, his modesty or indolence, as regards writing, deprived the profession of a valuable fact. Now, let this be a lesson to you, my young friends, to keep records of all your more important cases when you get into practice. I do not want you to rush into the other extreme, of publishing every trivial case that occurs

to you, without ascertaining whether there is any real novelty in it or not.

M. Moreau, of Paris, was the first surgeon who followed Mr. Park's example. His cases were published by his son. He operated on the 17th of September, 1792. "At the end of the third month the consolidation of the bones was such that I left the limb at liberty in bed; the patient moved it about at his pleasure," says this celebrated surgeon, but afterwards is obliged to record that his patient was carried off by dysentery; very fairly adding, "This unfortunate accident deprived me of the pleasure of enjoying the fruits of my cure; but I remained convinced of the utility of the operation, and persuaded of the propriety and necessity of performing it in similar cases. I looked upon my patient as cured, for I had no relapse to dread. M. Moreau's second case was unsuccessful; his third recovered with a useful limb.

From Mr. Blackburn, to whose paper I have already referred, I learn that in 1809, Mülder operated unsuccessfully. This brings us to cases 8 and 9, operated on by Crampton, of Dublin, one only being successful. Cases 10 and 11 were Mr. Syme's; one was successful, the other fatal. On all these cases Mr. Blackburn makes the following remarks: "Facts like these require little comment. Of eleven operations, five have entirely failed; one partially, and in the remaining five, though life was preserved, the recoveries were long and tedious. With whatever truth the results of the fatal cases may be assigned to accidental causes, it must be remembered that these accidental causes apply equally to any other operation; and in forming an estimate, it would be unjust to make an exception to the rule which classes all cases not followed by recovery as instances of failure. The excision of the knee-joint is, therefore, a measure against which experience strongly militates."

The operation was now abandoned by the profession for twenty years. The observations of Mr. Blackburn, I have no doubt, made the London surgeons hesitate; and the fact that Mr. Syme, who took up so warmly excision of the elbow-joint, objected to excision of the knee, of course carried great weight with the profession. Fortunately for humanity, and the onward progress of conservative surgery, Mr. Fergusson had the courage to undertake it in 1850. He was quickly followed by Mr. Jones, of Jersey, Mr. Page, of Carlisle, and Mr. Mackenzie. I must not detain you, in a clinical lecture like this, by further statistical details; but refer you to the excellent monograph of Mr. Butcher, of Dublin; the records of cases in his own practice by Mr. Humphry, of Cambridge, in the *Medico-Chirurgical Transactions*, and Mr. Price's scattered observations in *The Lancet*. In Mr. Butcher's first table of cases occurring between July, 1850, and December, 1854, there are thirty-one, of which only five proved fatal. In his next table, from December, 1854, to December, 1856, he records fifty-one cases, with only nine deaths. This proportion of deaths compared very favourably with those from amputations of the thigh, which, as far as our records go to the present time, are seldom less than one in three.

Mr. Humphry, surgeon to Addenbrooke Hospital, Cambridge, has published, in the *Medico-Chirurgical Transactions* for 1858, an account of thirteen cases, in which he excised the knee joint. The whole paper is very instructive, and well worthy perusal. Of these thirteen cases, one died, as I believe, from the effect of previous disease; in four, amputation was necessary; in the remaining eight, a useful limb was preserved.

At this hospital—St. Thomas's—we are indebted to our senior surgeon, Mr. South, for its introduction into our operating-theatre. The success which attended him has encouraged others to follow his example. He has had six cases, with only one death following immediately upon the operation. This was in a female, who lived fourteen days. In another case, death followed, but as the patient lived ten months, the operation cannot be considered the cause. The particulars of these cases will be published at some future time by Mr. South himself. Mr. Clark has also had two cases, the first eminently successful, and the second progressing favourably. I have had three cases; the first was not well selected, as the poor fellow died of rapid phthisis. As far as the operation was concerned, it was encouraging. He experienced immediate relief, and from a state of great suffering was removed to one of comparative ease. The wound was nearly healed at the time of his death, and anchylosis partly completed.

Case 2.—Edward P——, aged six, of strumous diathesis, admitted Jan. 15, 1859,

with ulceration of the cartilages of the knee-joint, and partial dislocation backwards of the tibia. He has been ill for four years, and during that period was in the hospital three times. He attributes his first illness to an injury of the joint. About a fortnight after the injury he says that the knee began to swell, and he was then admitted to the hospital. An abscess formed and burst, and he partially recovered. He left the hospital, and the leg then became contracted. The abscess formed again twice afterwards, and on each occasion he was admitted to the hospital. On this his last admission, there was a large sinus on the outer aspect, which discharged pus. An abscess again formed, and on Tuesday, Feb. 9, I excised the knee-joint. (Prior to this period his health had been much improved by good diet and cod-liver oil.) On cutting into the joint, there was found to be a very firm and partially bony anchylosis, which I was obliged to saw through before I could remove the articular ends of the bones. Owing to the contraction of the tendons, it was found necessary to remove about one inch of femur before the leg could be straightened; this was, however, done, and the leg was then placed on a McIntyre splint made with only a narrow sliding bar at the back of the knee-joint, so that it could be dressed without removing the splint. The flap was fastened by means of sutures and adhesive plaster. Ordered five minims of the tincture of opium, as occasion may require; also eggs, two ounces of wine, a chop, and a pint of porter. He slept well for four nights with the sedative draught, after which it was not found necessary to continue it.

Feb. 10. The wound is clean; there has been no hemorrhage; appetite good; bowels open.

11*th*. All irritation has subsided; his tongue is clean; bowels open; pulse regular, and he is not in pain.

12*th*. The wound beginning to suppurate; the sutures were removed in the evening of this day, and warm water dressing applied.

14*th*. Wound healthy, suppurating, and causes no pain; the bandaging was renewed to-day. His appetite, as usual, is good, and he is quite cheerful.

16*th*. Improving rapidly; the wound is going on well. In fact, the boy has not had a single bad symptom, and on March 1st the wound had nearly healed, and there was considerable bony union.

March 14*th*. Wound healed all but one little spot; enjoys perfect health.

Case 3.—Joseph R——, aged eight, admitted Jan. 8, 1859, with ulceration of the cartilages of the knee-joint, and also an abscess within the joint. He states that eleven months before his admission he received an injury to the knee. It then began to swell; but no abscess formed at this time. He could not walk, nor bear any percussion on the heel. The leg remained in a semi-flexed position. On admission there was an abscess in the joint pointing at the inner and lower part, which opened. He, however, got worse and hectic; the knee was excessively painful; his countenance indicated great suffering; his expression was very anxious, and he screamed if you even approached his leg with your hand. Several consultations were held as to the course to be adopted; and, on March 5, I excised the joint with the approbation of my colleagues. There was extensive ulceration of the cartilages, and large quantities of false membrane in the joint. The abscess had burrowed up the thigh, but the bone was not bare, nor was there any evidence of necrosis. I therefore proceeded with the operation. The leg was placed on a McIntyre modified splint, as in the above case of Edward P——, and the wound closed by sutures and rollers. Warm-water dressing was then applied. Ordered, wine, four ounces; porter, a pint; eggs, chop, cod-liver oil; and tincture of opium, ten minims, immediately.

March 6. Slept well; tongue clean; no pain. The wound looks quiet. There has been no hemorrhage. Bowels open; pulse regular; appetite good; has lost all hectic symptoms.

7*th*. Progressing favourably. The cod-liver oil causes sickness and diarrhœa, and cannot be taken. Otherwise the boy is quite well. He has a good appetite, and is in no pain.

8*th*. Going on well. Eats, drinks, and sleeps well.

10*th*. Progressing favourably; the wound suppurating; no pain.

11*th*. Sutures were taken out to-day; the wound has healed nearly all round.

13*th*. Progressing most favourably; in fact, he lost all his bad symptoms at the

time of the operation, and has never had a recurrence of them since.

15th. Quite well in health; the wound nearly healed.

Such, then, gentlemen, is the progress of these cases up to the present time. It is now especially that I feel called upon to direct your attention to this important subject. These cases are in progress, and you may watch them for yourselves. Nothing, up to the present time, can be more satisfactory, but we cannot consider them as cured. "There is many a slip between the cup and the lip," and it may yet be my duty to report an unfavourable termination, though at present all is *couleur de rose*, and I have no reason to anticipate an unfavourable result.

In the second case, that of Joseph R——, I was afraid of the condition of the thigh bone, from the burrowing of the abscess under the rectus, and took care to obtain the permission of the father of the child, who is a porter at the Great Northern Railway, to convert my operation into an amputation of the thigh, if I found in the progress of it that such a proceeding was necessary.

With regard to the manner in which this operation should be performed, I must say a few words. First and foremost, take care and have your splint prepared beforehand—an iron splint, with a thigh-piece to reach just to the edge of the buttock, fitting well, when padded, to the posterior surface of the thigh, with an open space behind the knee-joint; then fitting, again, well to the calf, with another open space for the heel, to rest on a piece of linen drawn tight across the opening; and a foot-piece which can be shifted. All the padding must be covered with some thin waterproof material, such as gutta percha. Several of the early cases were, I believe, lost from want of attention to the proper and careful adaptation of the limb in the first instance.

The bones should not press much upon each other, but touch gently; sufficiently in apposition to induce bony union, but not sufficient to produce constitutional irritation. Mr. Syme, who has been one of the great opponents of this operation, lost his second case apparently from want of attention to these rules. On the sixth day after the operation, he was obliged to cut away two inches more of the femur, and his patient died on the eighth.

Your first incision is to extend in a semi-lunar direction right across the front of the joint, from one condyle to the other, just below the patella. The curve must be slight; the commencing points parallel, and well over the condyles. This incision should be made firmly, boldly, and quickly, right into the joint. This flap is to be dissected upwards with the patella, thus completely exposing the surface of the condyles. In some cases this is easily done; not so in others, where anchylosis has commenced. The crucial ligaments, if not destroyed, are now exposed, and what remains must be divided carefully on a director, otherwise your knife might slip further than you intended, and, to your great horror, enter the popliteal artery and vein. If your first incision were well carried back on to the condyles, their articulating surfaces are now completely exposed for the use of the saw. This saw should be Butcher's; I mean Butcher, of Dublin, not a butcher's saw, as the theatre porter seems to think, from the instrument he has given me. This saw of Mr. Butcher's is one of the most perfect tools I ever worked with. The safest plan is to commence from behind, and to carry it forward over the rounded extremity of the femur till you reach the edge of its articulating surface in front. In this way, and by the assistance of this saw, you remove only a thin slice, including all the diseased articulating cartilages, but without shortening the bone to an inconvenient extent. In like manner remove a slice from the head of the tibia, though of course here your cut will be simply flat, at right angles to the shaft of the bone. This part of the operation is very greatly facilitated by your assistant forcibly flexing the leg, and pushing the head of the tibia well upwards and forwards. The patella must next engage your attention. The articulating surface, whether diseased or not, must be removed by the saw, unless you decide to remove the whole bone, which latter proceeding is strongly recommended by some operators of great experience. Hitherto I have left it, but in my next operation I shall remove it. I have not had any proof that it retards the healing process, but I am told by those who have operated more frequently than I have that it does so, and that it does not add to the strength of the limb. Having completed your saw cuts, examine the cut surfaces, and observe carefully whether you have re-

moved all the diseased bone, and whether you have opened a sequestral or carious cavity. In the former case, I need hardly say, you must remove the sequestrum; and in the latter, you may use the gouge, to scoop out any carious bone that the saw has left behind. I have advised your only removing a *thin* slice from both femur and tibia to prevent shortening of the limb. This is the rule; the exception occurs when, from long-continued contraction of the flexors, you have a difficulty in straightening the limb, in which case you must again have recourse to the saw, as the bones should not be pressed *forcibly* against each other. I have seen no inconvenience from slight pressure.

The operation seldom gives rise to much hemorrhage. One or two arteries are all that usually require ligature. But all that bleed freely must be secured, as secondary hemorrhage has, in more cases than one, been apparently the indirect cause of a fatal result. Four or five sutures are usually required. Roll the thigh to the splint with a firm linen roller as far as the knee; leave this uncovered; roll the leg in like manner below, and the foot to the foot-piece. Use no side splints.

All this must be done before your patient is removed from the operating table; and, if done without dawdling—I do not mean with indecent haste—it will be concluded almost before your patient has recovered from the chloroform.

There is no point which has struck me more forcibly in these operations than the great relief from pain which, after a few hours' smarting, they afford to the patient. I usually give a dose of opium about three hours after its completion, and frequently no more is required. Mr. Humphry, of Cambridge, objects to the use of opiates after operations in general. My own experience in a London hospital is decidedly in favour of their use.

I think that all of you who have watched my last two cases must have been struck with the vast improvement in the countenances of the two little fellows since their diseased joints have been cut out. There is no longer that anxious and distressing expression which was always present previously. Their faces are now bright and cheerful, the colour is returning to their cheeks, and, instead of treating me to tears, they always welcome me with a smile.

In conclusion, let me recommend you, gentlemen, to give this important subject your most careful consideration. Watch for yourselves all the cases that occur in this hospital. Take the opportunity of seeing all you can in other hospitals; for I am sure that you will invariably, in the present day, meet with the courtesy which I hope you all show to strangers when they visit us. Do not be guided in your selection of this operation by the *ipse dixit* of any man, but take all the evidence, all the practical evidence, which is offered *pro* and *con*, by those who have had the most experience.—*Lancet*, April 2, 1859.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Modern Vagaries and Quackeries.—Hydropathy, Mesmerism, Chronothermalism, the Negative System, the System of Raspail, Homœopathy, Isopathy, Kinesipathy, Perkinism, Odylism, Electro-Biology. *Isopathy's* author was a veterinary surgeon, one Lue; it is a bastard of Homœopathy. To cure a phthisical patient, you dose him with expectorated tubercle. *Kinesipathy* comes from Sweden, and was begotten by a poet, Ling: it did wonders there under the protection of Retzius. It pretended to cure diseases by scientific gymnastic manœuvres. Here is a prescription for opacity of the cornea: pressure on the supra-orbitar region, 23 a day; passive rotation of the head, 7 or 8 a day; friction along the course of the longitudinal sinus; active rotation of the lower extremities; percussion on the feet with wooden cylinders, to be continued for 14 weeks! *Odylism* is mesmerism set to another key; it takes in astrology, magic, sorcery, divination: its phenomena are not presided over by Satan, as was thought in the *dark ages*, says Richenbach; but they are due to a special force, Odyle. We need not further waste our time. Mesmerism, etc., we are, unfortunately, only too well acquainted with.—*Med. Times and Gaz.*, May 14, 1859.

Charlatanism—The Black Doctor.—M. Pidoux is represented as having exclaimed on Tuesday last, in the Salle des "pas perdus" of the Académie de Médecine, "I am ashamed of being a doctor." This excla-

mation was called forth by the elaborate report which M. Velpeau had just presented to the Academy on the subject of M. Vriès, the so-called famous black doctor, whose name M. Pidoux considered as unworthy of being pronounced within the precints of so sacred an edifice. Sterne says, "they manage these things differently in France." On this side of the channel we may exclaim, "they manage things differently in England," for assuredly this black doctor never did gain such a footing there as he has succeeding in acquiring here. It seems to us that M. Velpeau, with all due deference to him, has ended exactly where he should have begun; for had he convoked a meeting of his medical brethren previously to his having opened the doors of "La Charité" to this man he might have learned that he (Vriès) was far from being a stranger, and that certain experiments which he had been permitted to make at the Cancer Hospital in London, and at the St. Louis Hospital in Paris, had all been attended with negative results. We stated some weeks ago that M. Velpeau had caused twelve cancer patients to be placed under the care of Vriès. These cases we have carefully and conscientiously watched, and we perfectly agree with M. Velpeau, that not the slightest amendment has taken place in any one of them. One has already gone to her last home, and others are rapidly following. M. Velpeau, considering it highly reprehensible to continue this state of things, and finding that his wards, usually so quiet and well-regulated, had latterly become the resort of the idle and the curious (many of the visitors having been non-professional), and that scenes undignified and indecorous were of frequent occurrence, resolved, if possible, to put an end to it. Having drawn up a report containing an exact account of the condition of each patient, he called a meeting at the hospital yesterday week, consisting, besides himself, of M. Manec, the Director of the Hospital, the "internes," and a few medical men who happened to be in the wards at the time. To this meeting the black doctor was invited. M. Velpeau then proceeded to read his report, the correctness of which was admitted by M. Vriès. Velpeau requested him to sign it, but Vriès refused on the ground that six months was the time agreed on between them, and that only a third of that period had elapsed. Then, said M. Velpeau, if at the end of the stipulated time, these patients, not one of whom has up to this moment shown any symptom of amelioration, be not cured, will you (M. Vriès) admit that you have been labouring under an error, and that you are not in possession of a specific for the cure of cancer? No, replied Vriès, for if I cannot effect cures in the hospital, I can do so out of it, and for this reason I refuse to sign any such paper. M. Velpeau, seeing that at the expiration of the six months the case would be precisely in the same position, and believing, moreover, that Vriès' object was simply to gain time, so as to allow him undisturbed to speculate on the credulity of the public, he resolved to terminate the affair with all possible speed. Velpeau's position was a difficult one, and it became a nice question how best to get out of it. On the other hand, he wished to keep his word with Vriès by according him the time originally agreed on for the completion of his experiments, although fully convinced that the whole affair was but a hoax; while on the other hand, he was quite alive to the fact that he had subjected himself to the censure of many of his brethren, first, for having so readily opened his wards to this individual, of whose antecedents he knew literally nothing; and, secondly, for permitting him to continue his connection with "La Charité," in the face of many assertions that he was a notorious impostor, and an unprincipled charlatan. On Tuesday, M. Velpeau brought the case before the Academy, and there made a full exposé of the motives which had actuated him throughout the entire affair. The reasons he assigned in justification of his having admitted Vriès into his wards were as follows: "1st. Not believing a thing does not imply that it is absolutely false; besides, I should be so very happy were such a discovery as the quinine of cancer to be made, that, to those who speak of such a thing to me, I am always disposed to say, '*voyons*.' 2d. Not being able to affirm or deny that which I do not know, I require to see and judge for myself in a place where no deception can be practised, in order that I may be in a condition to reply on full conviction to the questions which are constantly being put to me. The trial has been made, and for the following reasons I characterize M. Vriès' pretended power to cure cancer as nothing short of a gross delusion: 1st. Because M. Vriès has not cured any of the cancerous

patients who have been confided to him, whether in London, in the Hôpital St. Louis, at La Charité, or in his private practice, and that his treatment has not, in the least degree, retarded the usual progress of the disease in any one case. 2dly. Because the composition of a remedy, which should always be the same if regarded in the light of a specific, has frequently varied in the hands of its pretended discoverer. In India, the remedy he employed was applied to the sores in the form of cataplasm; in England it consisted, as proved by Mr. Weedon Cook, of aloes and iodine; in Paris it is an inert vegetable powder mixed with nitre or alum, in the form of pills, together with powders of arrowroot, sugar, and camphor. 3dly. Because M. Vriès has no idea of the nature of cancer, nor of the manner in which a patient should be examined. 4thly. It does not seem that he has had any medical education, and so self-evident is this, that to him the patients are going on well if they themselves only say so, and if any medical man present doubts the condition, he appeals to the bystanders, albeit non-professional, to decide the point; and he has been heard to say with the greatest assurance at the bedside of a moribund in the last stage of cancer, 'This patient is going on well; six months hence, gentlemen, you will all adopt my method.' 5thly. Because if a remark be made to him that certain patients whom he promised to cure are dead, he replies, 'Why, I am not God Almighty; I cannot prevent death.' 6th. There is nothing but contradiction in all he advances; for example, at one time he states that an amelioration in all cases under treatment, is preceded by a crisis, while he at another time declares, in the columns of non-medical journals, that all the patients in La Charité are improving, and that certain of them are in the way of cure, and yet no crisis has been observed in any one of them." After adding several other reasons of a minor description, M. Velpeau ends by a declaration to the effect "that Vriès has not found the specific for the cure of cancer; that he has never cured a true case of cancer, and, what is more, that he never will cure one with the treatment which he employs.

At the conclusion of this report, M. Davenne, "Directeur de l'Assistance Publique," rose and stated that he felt bound, after so explicit a statement from so competent authority as M. Velpeau, to relieve himself of the responsibility of allowing Vriès to continue to practise on the hospital patients, and in consequence, the doors of "La Charité" would for the future be closed on him. The Academy resolved unanimously that copies of M. Velpeau's report should be forwarded to the Ministers of Justice and of Public Instruction, respectively, we presume, as the first step towards the suppression of a system of imposture and deceit which has already too long been permitted to exist under the apparent sanction of authority. It remains now to be seen what course the government authorities will pursue. Their position is not only difficult, but also exceedingly delicate. Vriès is at this moment practising under the special permission of the Chief of the State himself, while the "Académie de Médecine" has just formally and distinctly declared that in exercising the profession of medicine in France, Vriès is acting in direct contravention of the very laws which they have acted on for years past, and which, on more than one occasion, they have rigidly enforced in cases where the parties prosecuted had certainly a far greater claim to their indulgence than has the present notorious character. So far as the profession is concerned, Velpeau's able report, and the unanimous decision of the Academy of Medicine are conclusive; but has the notoriety of these proceedings been of a nature to enlighten the public, and put it on its guard against the deception which is being practised on it? This we fear is doubtful. Perhaps "they have but scotched the snake, not killed it." We have seen and heard of many quacks, but the man in question out-quacks them all. It is just possible that, if driven from France, this *rara avis* may one day turn up in England either as the bearer of some new specific in medicine, or, it may be, as the emissary of the prophet Ezekiel with whom, according to a pamphlet published by him some four years ago, he has held frequent intercourse in visions, touching the establishment of a new and universal religion, which was to destroy all schism and blend in the most perfect harmony and concord the creeds of all opposing sects.—*Med. Times and Gaz.*, April 9, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—We take pleasure in giving publicity to the following circular prepared by the committee appointed by the convention of medical schools, held in Louisville on the second Monday in May last; and which explains the course of action which that committee have agreed to present for the adoption of the convention at its meeting next year at New Haven:—

"A Committee was appointed at the meeting of the Convention of the Medical Schools of the United States, held in Louisville, Ky., on Monday, the second day of May, 1859, to consider the matters brought before the Convention, so as to propose a definite course of action at the adjourned meeting of the Convention to be held in New Haven, Ct., on Monday, the fourth day of June, Anno Domini 1860.

"At a meeting of this Committee, held in Louisville, soon after their appointment, it was unanimously agreed upon to propose the adoption, by the Convention of Medical Schools, of a rule, requiring from every candidate for the degree of Doctor in Medicine, certificates of attendance on two full courses of lectures, at a regularly organized medical school, and of the study of medicine during a period of at least three full years, under the direction of a regular practitioner of medicine, who shall certify to the same under his own hand.

"It was proposed, also, that a resolution be passed, that any school which does not adopt and enforce this rule shall not be allowed to send delegates to the Convention of Medical Schools, nor to the American Medical Association, and that its graduates shall not be recognized as regular practitioners of medicine.

"It was thought advisable to recognize the deficiency in preparatory education on the part of many who offer themselves as students of medicine, and that all practitioners of medicine, as well as all professors, should be exhorted to do all in their power to impress upon those wishing to study medicine, the importance and great advantage of intellectual and moral discipline and culture, as well as of a good knowledge of their own mother tongue and of some acquaintance with the Latin language, and with the elementary truths of mathematics and physics.

"The members of the Committee have undertaken to put themselves in communication with all the regularly organized medical schools in the United States. The undersigned is charged with asking the attention of the faculty of which you are a member, to the subject-matter of this communication, and with soliciting an expression of your opinions and views."

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National Association of Dentists.—Impressed with the belief that a National Association of Dentists, composed of delegates from State, county, and local societies and dental colleges would be calculated to promote the best interests of the profession, a call has been signed by a number of dentists residing in different States, inviting the dental societies and colleges throughout the country to elect delegates to meet in convention at the Falls of Niagara on the first Wednesday of August, 1859, for the purpose of forming, if the assembled delegates shall deem it expedient, a National Association upon a representative basis. It is proposed that each dental society, State, county, and local, be represented in the organization by one member for every five composing such body, and that each dental college be represented by one of its faculty.

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Medical Classes, Session of 1858–1859.—

Medical College of Ohio	139
Oglethorpe Medical College	51
New Orleans School of Medicine	164
University of Nashville	436
University Med. College, N. York	350
University of Louisiana	333
College of Phys. and Surg., N. York	180
University of Michigan	143
Harvard University	139
University of Vermont	80
Medical School of Maine	50
Medical College of Virginia	70

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Medical Graduates in 1859.

Medical College of Ohio	32
Oglethorpe Medical College	13
New Orleans School of Medicine	36
University of Nashville	103
University of Louisiana	97
Harvard University	30
Rush Medical College	31
University of Vermont	20
Albany Medical College	48
Dartmouth Medical College	9

Louisville Medical Gazette.—The publication of this journal has been suspended.

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Obituary Record.—Died, at Montgomery, Al., on the 4th of March, in the — year of his age, Wm. M. Boling, M. D.

—— in Philadelphia, on the 4th of May, Henry Bond, M. D., in the 70th year of his age.

—— in Cleveland, Ohio, April 24th, H. A. Ackley, M. D., aged 49. Formerly Professor of Surgery in Cleveland Medical College, and an operator of considerable skill.

—— in Philadelphia, on the 8th June, Benj. S. Janney, M. D., aged 69 years.

FOREIGN INTELLIGENCE.

Death from Chloroform.—On Tuesday last another death from chloroform occurred at the Royal Ophthalmic Hospital. The patient, a healthy-looking girl of 15, was about to be operated on for strabismus. She inhaled the anæsthetic without any unusual symptoms until nearly insensible, when she uttered a sudden and very peculiar shriek. After this she soon became quite insensible; the speculum was introduced, and the operator commenced. The chloroform had been administered on a piece of folded linen, and the time and quantity consumed in the inhalation had both been about the average (neither had been measured). Soon after the first snip with the scissors the operator's attention was called to the lividity of the girl's countenance, and on the finger being applied to the wrist she was found to be quite pulseless. Mr. Critchett had already forced open her mouth and dragged the tongue forwards. Artificial respiration was at once commenced, and without any intermission was kept up for about an hour. For a long time sanguine hopes were entertained that she would recover, as slight gasping efforts at inspiration continued to occur at intervals. The pulse, however, never returned, and at length it became apparent that she was quite dead. Movements of the nostrils, as if in the attempt to inspire, were apparent for at least half an hour after the pulse had ceased. A brandy enema was given almost immediately after the first symptoms occurred, and it was then found that the sphincter ani was quite relaxed. Mr. Critchett, Mr. Bowman, Mr. Hulke, and a large staff of assistants were present, and everything that was thought desirable in the way of treatment was effected with the utmost efficiency and promptitude. The following day a post-mortem examination of the body took place. Dr. Bäden, who conducted it, informs us that the most noticeable lesion met with, was the presence of air in considerable quantity in the right chambers of the heart. The left side of the heart was empty, but the right contained a small quantity of spumous and fluid blood, with probably not less than two ounces of gas. In the lungs were numerous spots of apoplectic extravasation, probably caused by the very efficient manner in which artificial respiration had been kept up. There was no organic disease in the body. The uterine organs showed that menstruation (for the first time) was just about to be established. —*Med. Times and Gaz.*, June 4, 1854.

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Chloroform.—M. Baudens, in his account of the Campaign in the East, asserts, that although chloroform had been employed 30,000 times in the French army there, no fatal accident had ever resulted from its use. Dr. Rizet, of the Chasseurs, denies this. Two deaths occurred under his own observation; one at the Hospital Ramitchifflick, and another at Gulhane. This denial clearly takes away all value from M. Baudens' statement.—*Ibid.*, May 7, 1859.

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Galvanism in the Treatment of Disease.—The Paris correspondent of the *Medical Times and Gazette*, under date of April 18, writes as follows:—

"Of late, in the wards of M. Briquet, at the 'Hôpital La Charité,' we have observed with some interest the effects of galvanism in the treatment of disease, and have been so favourably impressed with a sense of its value in certain cases, that, in lieu of anything better, we purpose making a few remarks on the subject. The employment of electricity as a therapeutic agent in the treatment of disease, which not many years ago was regarded in the light of empiricism, and confined principally to charlatans and would-be miracle-workers, is now recognized by this able physician, as well as by several other leading members of the profession in this metropolis. In almost every hospital are to be found one or two individu-

als whose duty it is to receive the instructions of the physicians as to what particular muscle, series of muscles, or nerves, are to be subjected to its influence; and at the termination of the visit these parties are to be seen at work as regularly as is the cupper or ordinary dresser. This revival of galvanism is probably owing, in a great measure, to the high degree of perfection which has been attained in its application. Among the individuals who have contributed mainly to the accomplishment of this end, we may mention M. Duchenne, of Boulogne, whose name has been so often and so prominently before the public of late, and whose views and practice have become so widely adopted. The method which M. Duchenne employs he styles Faradisation, from the name of the well-known discoverer of this peculiar source of electricity, known to the scientific world as 'electricity by induction.' According to this method, the electric fluid can be directed to different parts of the system, even to internal organs, without in the slightest degree interfering with the integrity of the skin. By the peculiar management and manipulation of the extremities of the electric poles—that is to say, by attaching to them sponges, or metallic brushes, in a dry or in a moist state—the electric current can be confined to the skin, producing thereon simply a tickling sensation, or a keen burning sensation, according to the will of the operator. Again, by a modification of the apparatus, the skin can be traversed, without its being in the least degree excited, and the electric action can be concentrated in a muscle, or bundle of muscular fibres, or in a nerve, or series of nerves, as may be desired.

"A great number of carefully conducted experiments, which M. Duchenne has made known to the world in a scientific form, have enabled him to arrive at these highly important results. Thus, for example, he found that if the skin and the extremities of the poles applied to it were all perfectly free from moisture, and the epidermis thick, as is often the case in individuals whose trade or profession exposes them to the contact of the air, the two electric currents proceeding from the apparatus produce their peculiar action on the surface of the epidermis, without penetrating the skin proper. Again, if at the two points of the skin to which the extremities of the poles are applied, the one extremity be moistened, while the other is applied in a dry state, the individual subjected to the experiment will complain of a superficial sensation evidently cutaneous. It happens thus: the two currents, namely, the positive and the negative, produce their peculiar effect at the point to which the dry pole is applied, but only after having traversed the entire thickness of the skin through the medium of the moistened pole. Lastly, if the skin and the extremities of the poles are all rendered very moist, neither sparks, nor crepitation, nor burning sensation, is observed; but, on the contrary, phenomena of contractility or of sensibility, of various kinds, are engendered, according as it is a muscle, a bundle of muscular fibres, or a nerve or plexus of nerves, which happens to be acted on. M. Briquet, to whom we have already alluded, is, perhaps, one of the most zealous partisans of this form of electrization, and he employs it in a great variety of diseases affecting the muscular and nervous systems. From the marked success which we have observed to follow its application in his hands, in the different forms of hysteria, rheumatic pains of a chronic kind, in certain kinds of paralysis, and in some of the forms of chorea, we are induced to think that Faradisation is fairly entitled to more consideration, as a therapeutical agent, than is generally accorded to it. A few weeks ago, a woman of about 27 years of age, suffering from suspended menstruation, of several years' standing, was admitted into the ward of M. Briquet. She was affected with anæsthesia of a considerable portion of the skin of the back, on the left side of the spine, complicated with complete aphonia. She expressed her feelings in a whisper which was scarcely audible. Naturally, she was much alarmed at the loss of her voice, and thought that if it were but restored all would be well. The promise, on the part of the physician, that this most desirable result would most certainly be brought about if she would but submit to Faradisation, was received with a marked manifestation of joy, mingled, nevertheless, with a certain amount of doubt. To obtain the relief she so ardently desired, she was prepared to submit to any amount of inconvenience and pain, and, accordingly, the apparatus of Morin and Legendre, which is that commonly used by M. Briquet, was immediately prepared, and the operation proceeded with. The electric currents were directed to the muscles and nerves of the

larynx, and in the course of a very few minutes the voice was completely restored. The same treatment, applied to the portion of the skin affected with diminished sensibility, aided by the internal use of the valerianate of iron, has already brought about a marked amelioration in every respect, and she is now advancing rapidly towards recovery.

"We have also seen, in the service of the same physician, one or two cases in which rheumatic pains of a violent character and of long standing, in the deep-seated muscles of the back, disappear, as if by enchantment, after one single Faradisation. In a paper recently published by M. Briquet, he alludes to two kinds of muscular rheumatism, affecting the head, and which, from their extreme frequency, are well entitled to special attention. The first is a kind of 'migraine,' to which some writers have given the name of 'Irisalgie.' It chiefly affects persons of sedentary habits, on their going into the open air, or on their exposing themselves to the rays of the sun. First the light causes a painful sensation in their eyes, and, in order to screen, as it were, these organs from the excessive brilliancy, they knit their brows, half close their eyes, and contract the orbiculares palpebrarum and the anterior portion of the occipito-frontalis muscle. A feeling of uneasiness succeeds this permanent contraction, which is soon followed by pain in those muscles. The pain goes on increasing, and becomes intolerable, more especially above the eyes and in the forehead. By and by it extends to both sides of the head, or, in some cases, it affects the one side only, and that one by preference on the eye of which the light has been most felt. The slightest pressure on the above-named muscles causes great pain. Sometimes this is so great as to occasion vomiting and necessitate confinement to bed. All this suffering, M. Briquet affirms, can be relieved in a few minutes by the Faradisation of the affected muscles. The application is as follows: A sponge is attached to each of the wires of the apparatus, and the electric current is made to pass through the muscles for four or five minutes consecutively. In those cases where the migraine is but slight, this operation, which is almost painless, is sufficient. If, however, the affection be very severe, the skin must be Faradised for about two minutes by means of a sponge attached to the end of one wire, and a metallic brush to the other, and instant relief will most assuredly follow. Thus much for the treatment. In order to prevent a recurrence of the affection, the patient must put on green or blue spectacles before going out, so that the light may be softened; he must also be careful not to contract the muscles which surround the orbit. In the course of half an hour the eyes will have become accustomed to the light, and the spectacles may be dispensed with. The second kind of muscular rheumatism to which M. Briquet refers affects also the head. It is very common, and, like the former, is considered (although erroneously) by some as migraine.

"The persons most subject to it are those of a lymphatic temperament. On first getting up in the morning they experience a heaviness in the head, and the movements of the neck are attended with pain; there is also extreme sensibility of the temples, forehead, and regions behind the ears.

"This feeling of uneasiness has a bad effect on the spirits, giving rise to sadness, irritability, and indisposition to physical or intellectual exertion. Although it generally disappears, in part or entirely, after the morning ablutions, still in many cases it remains the entire day; indeed, there are some individuals who are never free from this affection, and who, in consequence, fall into a melancholic and hypochondriacal state. This state of suffering, depending entirely on simple rheumatism of the muscles of the neck (the pain of the head being but sympathetic), may, like the former kind, be relieved instantaneously by Faradisation of the affected muscles; and should this fail to bring relief, Faradisation of the skin must be had recourse to. In every case the electrization must be continued till the pain disappears. This kind of rheumatism, M. Briquet asserts, is engendered by the false position of the head on the pillow during the night, and he recommends that, on going to bed, those who are liable to this affection should so arrange their pillow that it may support the neck, and that the head, instead of being bent forward on the chest, be thrown back; by so doing, the splenius, complexus, and trapezius muscles will no longer be kept on the stretch, and in the morning the head will be free from pain."—*Med. Times and Gaz.*, April 23, 1859.

The Enteric Juice.—The following are results arrived at after numerous experiments by Professor Busch, of Bonn: 1. Hunger is constituted by two sensations; the first is represented by the nervous system in general, and derived from the impoverished condition of the tissues; the second originates with the nerves of the digestive organs, indicating their emptiness. The former is removed only by the required assimilation of nutritive elements, and not by merely filling the first passages. 2. The peristaltic motion of the intestines takes place with the same power within the abdominal cavity as when exposed to the atmospheric air. Its propelling power equals a column of water twenty-four inches high. 3. The alimentary canal has its periods of rest and action. 4. The quantity of enteric juice secreted is invariably small, and of alkaline reaction. Its percentage of solids averages 5.47. 5. Enteric juice is capable of digesting amylaceous and protein substances. 6. Enteric juice converts starch into grape sugar. 7. Enteric juice prepares protein substances for assimilation under the phenomena of putrescence. 8. Enteric juice leaves cane sugar unchanged. 9. Cane sugar, absorbed as such, is not discharged in the urine. 10. Fat, unless exposed to the action of bile or pancreatic juice, is absorbed either not at all or in insignificant quantity. 11. Food appears between fifteen or thirty minutes after being taken in the superior third of the thin intestine. 12. Solution of cane sugar disappears in part before entering the small intestine; all that enters the latter is converted into grape sugar. 13. Raw albumen taken from hens' eggs is directly absorbed in the stomach and the adjoining portion of the small intestine. All that descends to the lower portion of the latter is unchanged. 14. Gum is not converted into sugar, but remains unchanged. 15. Gelatine is dissolved, and loses thereby its coagulability. 16. Casein remains partly dissolved in the digestive fluids. 17. Fat is entirely emulgated by the digestive fluids when alkaline or neutral, but partially when acid. 18. The digestive liquids of the small intestines possess digestive powers over protein substances. 19. The minimum of all digestive fluids entering the small intestine in the course of twenty-four hours, amounts to more than the seventeenth part of the weight of the body.—*Med. Times and Gaz*, March 26, 1859.

Enlarged tonsils a protection against Croup.—M. Ottenbourg informs the Medical Society of Paris, that observation has led him to the conclusion, that permanent enlargement of the tonsils protects against croup. Children, exposed to the infection of croup, having enlarged tonsils escaped the disease, while others without hypertrophy of these organs contracted croup. This view of the matter has led M. Ottenbourg to this practical result. He advises the parents of children not to allow their enlarged tonsils to be removed.—*Ibid.*, May 21, 1859.

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Solubility of Alkaloids in Chloroform.—This property of the alkaloids, which is one of great importance in a medico-legal point of view, as facilitating toxicological research, has been the subject of further experiments by the eminent chemist, Pettenkofer. He states that 100 parts of chloroform will dissolve 0.57 of morphine, 31.17 of narcotine, 4.31 of cinchonine, 57.47 of quinine, 20.19 of strychnine, 56.70 of brucine, 51.19 of atropine, and 58.49 of veratrine.—*Ibid.*

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Revaccination of the Prussian Army.—The following statement has been published by the Prussian Government, in continuation of those made public annually by it since 1833. During 1858 there were 46,521 soldiers vaccinated or revaccinated, 39,669 exhibiting distinct scars from former vaccination, 4708 having them indistinctly, and 2144 having no cicatrices. The result was regular in 29,390, irregular in 5748, failed in 11,883; total 46,521. On a repetition of the vaccination in the 11,383, in whom no effect had been produced, it succeeded in 30e9 of the number. Of the soldiers successfully revaccinated in this or former years 5 were attacked during 1858 with varicella and 11 with varioloid, but no case of true variola appeared among them. During the year variola prevailed much among the civil population in almost all parts of the monarchy; and the army exhibited also more cases than usual, small in number though these were. Altogether in the whole army there occurred 64 cases of the different forms. Of these 30, viz. 7 cases of varicella, 19 of varioloid, and 4 of true variola, occurred in subjects who had not been revaccinated; 18 cases, viz. 6 of varicella, and 12 of varioloid in those who had been revaccinated but without effect; and 16 cases,

viz. 5 of varicella and 11 of varioloid in soldiers who had been successfully revaccinated. The great bulk of the cases were observed in new recruits. No death from variola took place in *the entire army* during 1858.—*Med. Times and Gaz.*, May 14, 1859.

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Statistics of Yellow Fever at Lisbon in 1857.—From the recent official reports of M. Pirito, it appears that between the 7th of September, when the first patients were received, and the 24th of December, there were received into the hospitals 5161 patients (4043 males, and 1118 females), of which number 1932 (1544 males and 388 females) died. *Age.*—Children were usually spared, so that there were only 31 below the age of 11 attacked, 7 dying; and the Foundling Hospital, in spite of its large population, only furnished 15 patients, 1 only of these dying. Between 11 and 20 years of age there were 1269 victims, and 1734 between 21 and 30; but above sixty there were only 253. Among the adults between 11 and 30 years of age there were 2512 males, and only 491 females; while among those above 60 years of age there were 148 males and 105 females, the proportion of females increasing in infancy, and in advanced age. The liability to the yellow fever decreased at the ages above 30, but the mortality of those attacked increased. It was 22.58 per cent. in children, 29.73 in adults, and 54.94 in the aged. *Constitution.*—Strong, robust, vigorous subjects were attacked to the number of 3270 (2443 males, 827 females) but among 643 subjects of feeble, delicate constitution there were 235 females. Of the first category 32.75 per cent., and of the second 42.16 died. *Marriage.*—Of 3486 single persons attacked, 1123 (32 21) died; of 1099 married persons 498 (45.31) died; and of 502 widowed (276 females) 263 (52.43) died. *Occupations.*—Persons pursuing manual and mechanical occupations furnished 3567 cases or 69.09 per cent. Among these were 2200 servants, and 87 nurses or assistants in the hospitals, 574 of the number being women. Of a total mortality of 1286 in these classes, 736 took place among servants, *i. e.*, 32.16 per cent., and only 27.52 per cent. for female servants. *Localities.*—As in other epidemics the worst quarters of the town suffered most, the mortality there rising to 42 and 43 per cent. In several public establishments, as the mendicity, orphans, etc., notwithstanding great crowding, it was slight. *Vaccination.*—The favourable influence of vaccination and variola is shown by the following figures: Of 1192 vaccinated patients, 351 died, and of 2308 non-vaccinated, 894 died. Of 2087 patients who had had variola 635 died, and of 1279 who had not had it, 556. *Duration.*—The mean duration of the sojourn in the hospital was six days. For patients cured it was eight days, a little longer for women than men; and in fatal cases four days, a little longer for men.—*Ibid.*

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Mortality of Children in Russia.—A terrible picture of the mortality of children in Russia is given in a journal called the *Rousky Dnevnik*. Many more than one-half of the children born in that country die in the very earliest period of infancy. One-eighth die between the ages of 5 and 10, and another eighth between 10 and 20; thus, three-fourths perish before reaching mature age. The ignorance and superstition of the lower classes of the people have in many instances a most fatal influence on the management of children.—*Ibid.*

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Preparations for preserving Animal Substances.—Prof. RADDI, Honorary Prof. of Zoology, and formerly one of the Conservators of the Museum at Florence, exhibited to the Royal Medico-Chirurgical Society (May 24) some preparations made by a process which he has discovered. Dr. Brinton stated that those preparations illustrated three processes. The first, showing a specimen so hard and heavy as almost to deserve the name of a petrifaction (the liver, heart, and lungs, attached to each other), was intended for permanent dry preparations, in which the colour and size of the original tissues were completely preserved. The second formed a dry preparation, which, on being moistened, could be dissected as though it were fresh. The third was a process applicable to meats, etc., intended for eating (and therefore devoid of the poisonous ingredients of the two preceding processes); and was illustrated by a piece of cold roast sirloin, thus prepared some two or three months ago, and retaining its characteristic colour and smell, though a little shrunken in size. As regarded the latter process, Dr. Brinton regretted that the proverbial proof of its perfectness, it was not at present in his power to give. The Government and va-

rious *savans* intended, he believed, to test its usefulness. Certainly, if it fulfilled its promises, it would not only be much simpler and cheaper than the costly methods of preserving in tins, but would probably avoid that comparatively monotonous sodden flavour which the existing means of preserving meat implied; and flavour, he need not say, was in some sense a test of food, as well as an inducement to eat it. The second process, too, seemed likely to be valuable. But it was by the first that he thought the Society would be most interested. Many teachers of anatomy and medicine (in which term he of course included surgery) must have felt, as he had, the deficiencies of our museums in respect of large dry preparations. In wax, they demanded a high order of talent for their execution; and their costliness was only equalled by their fragility; so that a lecturer scarcely liked to uncover a valuable wax cast from its glass shade, and send it round a large class. Plaster, again, admirably adapted, when coloured, to give a cheap and effective representation of diseased surfaces or limbs, utterly failed to convey the details or relations of internal parts. Avoiding all these faults, Dr. Raddi's method did seem to him (Dr. Brinton) to promise to supply a great desideratum: large pieces of healthy or morbid anatomy perpetuated (rather than represented) with perfect accuracy. How few, for example, were the good, natural skeletons of our London museums! How useless, for accurate teaching, the artificial and distorted thorax of a skeleton, as ordinarily articulated! But Dr. Raddi's process promised to give, not only all the costal cartilages, but all the viscera beneath, with their normal size, shape, and relations. He would only add, that it was Dr. Raddi's wish, he believed, to dispose of his secret, either to a single institution, or to any museums or similar institutions which might combine to purchase it; and that, for its application, a mere immersion of the preparation, without dissection or injection, would suffice.

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Rank and Pay of the Medical Officers in the British Navy.—The following warrant has lately been issued for the future regulation of the rank, pay, &c., of the medical officers of the British Navy:—

"At Buckingham Palace, May 13. Present —The Queen's Most Excellent Majesty in Council.

"Whereas there was this day read at the Board a memorial from the Right Honourable the Lords Commissioners of the Admiralty, dated the 12th of May, 1859, in the words following, viz: Whereas, we have had under our consideration the necessity of assimilating, as far as possible, the relative ranks and rates of pay and half pay of the medical officers of your Majesty's navy and army: And whereas, we are of opinion that it would be for the advantage of your Majesty's service that the following regulations should be adopted for the medical officers of the Royal Navy, viz:—

"1st. That there shall be four grades of medical officers, viz: 1. Inspector-general of hospitals and fleets. 2. Deputy inspector-general of hospitals and fleets. 3. Surgeon, who, after twenty years' service on full pay, ten of which in the rank of surgeon, shall be styled Staff Surgeon. 4. Assistant Surgeon.

"2d. That no candidate shall be admitted to the examination for a commission in the medical department of the Royal Navy who does not possess such a diploma as would qualify a civilian to practise medicine and surgery; and no such candidate shall receive a commission as assistant surgeon until he shall have satisfactorily passed an examination in naval surgery and hygiene before a board of examiners appointed by the Lords Commissioners of the Admiralty.

"3d. That no assistant surgeon shall be eligible for promotion to the rank of surgeon until he shall have passed such examination as the Lords Commissioners of the Admiralty may require, and shall have served on full pay with the commission of assistant surgeon for five years, of which two, at least, shall have been passed on board one of your Majesty's sea-going ships.

"4th. That no surgeon shall be eligible for promotion to the rank of deputy inspector-general of hospitals and fleets until he shall have served ten years in your Majesty's navy on full pay, of which three, at least, must have been passed in one of your Majesty's ships on some one or more foreign stations, with the rank of surgeon.

"5th. That no deputy inspector-general of hospitals and fleets shall be eligible for promotion to the rank of inspector-general until he shall have served five years at home, or three years abroad, in the rank of deputy inspector-general. That in cases of emergency, however, or when the good of your Majesty's service may render such alteration desirable, it shall be competent for the

Lords Commissioners of the Admiralty to shorten the several periods of service above mentioned, in such manner as they shall deem fit and expedient.

"6th. That the rates of full pay of the medical officers of your Majesty's navy shall, in future, be in accordance with the following schedule:—

FULL PAY.

RANK.	After 30 years' service on full pay.	After 25 years' service on full pay.	After 20 years' service on full pay.	After 15 years' service on full pay.	After 10 years' service on full pay.	After 5 years' service on full pay.	Under 5 years' service on full pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General of Hospitals and Fleets	2 5 0	2 5 0	2 0 0[1]				
Deputy-Inspector-General of Hospitals and Fleets	1 14 0	1 10 0	1 8 0[1]				
Staff-Surgeon	..	1 5 0	1 2 0				
Surgeon	..	..	..	0 18 0	0 15 0[1]		
Assistant-Surgeon	..	..	..	..	0 13 0	0 11 6	0 10 0

[1] Or on promotion, should these periods of service not have been already completed.

"7th. That every medical officer on the active list, now on half pay, and those who may be placed on it subsequently to the date of your Majesty's Order in Council authorizing this proposal, shall be allowed the half pay to which his period of service on full pay shall entitle him, according to the following schedule:—

HALF PAY.

RANK.	After 30 years' service on full pay.	After 25 years' service on full pay.	After 20 years' service on full pay.	After 15 years' service on full pay.	After 10 years' service on full pay.	After 5 years' service on full pay.	Under 5 years' service on full pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General of Hospitals and Fleets	1 17 6	1 13 6	1 10 0[1]				
Deputy-Inspector-General of Hospitals and Fleets	1 5 6	1 2 6	1 1 0[1]				
Staff-Surgeon	..	0 18 6	0 16 6				
Surgeon	..	..	..	0 13 6	0 11 0[1]		
Assistant-Surgeon	..	..	..	..	0 10 0	0 8 0	0 6 0

[1] Or on promotion, should these periods of service not have been already completed.

"8th. That with a view to maintain the efficiency of the service, all medical officers of the ranks of staff surgeon, surgeon, and assistant surgeon, shall be placed on the retired list when they shall have attained the age of sixty years; deputy inspectors-general shall be placed on such retired list when they shall have attained the age of sixty-five years; and inspectors general when they shall have attained the age of seventy years. Officers thus superannuated shall receive the rates of half pay mentioned in the preceding schedule.

"9th. That the relative rank of the medical officers of your Majesty's navy shall be similar to that conferred upon the medical officers of the army, and shall be as follows:—

"An assistant surgeon shall rank as a lieutenant in the army, according to the date of his commission; and after six years' service on full pay, as a captain in the army, according to the date of the completion of such service.

"A surgeon shall rank as major in the army, according to the date of his commission; and a staff surgeon as lieutenant-colonel, but junior of that rank.

"A deputy inspector-general of hospitals and fleets shall rank as lieutenant-colonel, according to the date of his commission; and after five years' service on full pay as deputy inspector-general, shall rank as colonel, according to the date of completion of such service.

"An inspector-general of hospitals and fleets shall rank as brigadier-general, according to the date of his commission; and

after three years' service on full pay, as inspector-general, shall rank as major-general, according to the date of completion of such service.

"Provided always that no naval medical officer, while borne on the books of one of her Majesty's ships, or employed on establishments on shore, shall be deemed superior in rank to the officer appointed to command such ship or establishment; but such commanding officer shall, under all circumstances, be held to be superior in rank and precedence to every officer under his command.

"10th. That such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel and light, or allowances in their stead, when medical officers of the navy may be employed on shore on joint service with your Majesty's land forces; but that medical officers serving in the fleet shall, notwithstanding the relative rank thus conferred upon them, in all such details, and also in matters relating to the duties of the fleet, and the discipline and interior economy of your Majesty's ships, be subject, as heretofore, to the authority of any executive officer of the military branch while on duty, under the general regulations which may from time to time be prescribed by the Lord High Admiral, or the commissioners for executing the office of Lord High Admiral; and that medical officers shall share prize money according to the proclamation or proclamations which may be in force for the time being, for regulating the distribution of the proceeds of prizes in the Royal Navy.

"11th. That medical officers shall be entitled to the same allowances, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

"12th. That the families of medical officers shall in like manner be entitled to the same allowances as granted to the families of combatant officers holding the same relative ranks.

"13th. That medical officers shall be held entitled to the same honours as other officers of the Royal Navy of equal relative rank.[1]

"14th. That a medical officer retiring after a full pay service of twenty-five years, may, in cases of distinguished service, receive a step of honorary rank, but without increase of half pay.

"15th. That good service pensions shall be awarded to the most meritorious medical officers of the Royal Navy, under such regulations as shall from time to time be determined upon, on the recommendation of the Lord High Admiral, or the commissioners for executing that office.

"16th. That four of the most meritorious medical officers of the Royal Navy shall be named honorary physicians, and four honorary surgeons to your Majesty.

"We do, therefore, most humbly submit that your Majesty will be graciously pleased, by your Order in Council, to grant us the necessary authority for carrying the foregoing regulations into effect; the Lords Commissioners of your Majesty's Treasury having signified their concurrence."

Her Majesty having taken the said memorial into consideration, was pleased, by and with the advice of her Privy Council, to approve of what is therein proposed; and the Right Honourable the Lords Commissioners of the Admiralty are to give the necessary directions herein accordingly. WM. L. BATHURST.—*Med. Times and Gaz.*, June 4, 1859.

[1] This clause does not extend to the compliments to be paid by garrison or regimental guards, as laid down in pages 29 and 30 of your Majesty's regulations for the army, nor to corresponding honours paid on board your Majesty's ships.

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Extension of Ophthalmological Education.—The Board of Trinity College, Dublin, has recommended its students to take out a course of Ophthalmic Surgery.—The Governors of St. Mark's Hospital, Dublin, in their twelfth report, just published, beg to strengthen Dr. Mackenzie's Memorial on this subject, by expressing their entire concurrence with the principles it advocates. —*Ibid.*, May 7, 1859.

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OBITUARY RECORD.—Died, in Paris, on the 13th of April, 1859, from cerebral hemorrhage, M. Begin, president of the Army Medical Board, and one of the most eminent military surgeons of modern times.

—— in Berlin on the 6th of May, Alexander Von Humboldt, the Nestor of German Science.